Behavioral Health Quality Measures for the Demonstration

Measure	Description	Measure Steward/Data Source	CMS Core Measure	State Specified Measure	Quality Withhold Measure
Behavioral Health Shared Accountability Process Measure. Phase A (9/1/13 – 12/31/13) Phase B (1/1/14 – 12/31/14)	Phase A: Policies and procedures attached to an MOU with county behavioral health department(s) around assessments, referrals, coordinated care planning and information sharing. Phase B: Percent of demonstration enrollees receiving Medi-Cal specialty mental health and/or Drug Medi-Cal services receiving coordinated care plan as indicated by having an individual care plan that includes the evidence of collaboration with the	State-defined measures		Х	Year 1
	primary behavioral health provider				
Behavioral Health Shared Accountability Outcome Measure	Reduction in Emergency Department Use for Seriously Mentally III and Substance Use Disorder enrollees (greater reduction in Demonstration Year 3)	State defined measure		X	Years 2 & 3
Follow-up After Hospitalization for Mental Illness	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health bractitioner.	NCQA/HEDIS	Х		Years 2 & 3
Screening for Clinical Depression and Follow-up	Percentage of patients ages 18 years and older screened for clinical depression using a standardized tool and follow-up plan documented.	CMS	Х		Years 2 & 3
Risk assessments	Percent of members with initial assessments completed within 90 days of enrollment	CMS/State defined process measure	Х		Year 1
Documentation of care goals	Percent of enrollees with documented discussions of care goals.	CMS/State defined process measure		Х	Year 1-3
Plan All-Cause Readmissions	Percent of members discharged from a hospital stay who were readmitted to a hospital within 30 days, either from the same condition as their recent hospital stay or for a different reason.	NCQA/HEDIS	Х		Years 2 & 3
Getting Appointments and Care Quickly	Percent of best possible score the plan earned on how quickly members get appointments and care. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? In the last 6 months, not counting the times when you needed care right away, How often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	AHRQ/CAHPS	X		Year 1
Antidepressant medication management	Percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment.	NCQA/HEDIS	Х		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	NCQA/HEDIS	Х		
Improving or Maintaining Mental Health	Percent of all plan members whose mental health was the same or better than expected after two	CMS	Х		
	years.	HOS			

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Individualized care plans	Percent of members with care plans by specified timeframe	CMS/State defined process measure	Х		
Real time hospital admission notifications	Percent of hospital admission notifications occurring within specified timeframe	CMS/State defined process measure	Х		
CAHPS, various settings including: -Health Plan plus supplemental items/questions, including: -Experience of Care and Health Outcomes for Behavioral Health (ECHO) -Home Health -Nursing Home -People with Mobility Impairments -Cultural Competence -Patient Centered Medical Home	Depends on Survey	AHRQ/CAHPS	Х		